

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

348

FILED FEB 3 - 1955

State File No. _____
Registrar's No. 122

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>Corning</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Route 2.</u> <u>80308</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louisa</u> b. (Middle) <u>*</u> c. (Last) <u>McDaniel</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1955</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 29, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>7</u> Hours <u>6</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William White</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Tucker</u>		14. NAME OF HUSBAND OR WIFE <u>W. F. McDaniel</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hassie Adams, Taft, Calif.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>260X</u>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		_____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Dec. 31, 1954</u> , to <u>January 5, 1955</u> , that I last saw the deceased alive on <u>January 5, 1955</u> , and that death occurred at <u>5:15A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>D. J. Hennrickson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>1-20-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-7-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Redinbo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Corning, Arkansas Rt. 1.</u>		
DATE REC'D BY LOCAL REG. <u>1/23/55</u>	REGISTRAR'S SIGNATURE <u>R. H. Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Russell-Ermert</u> <u>Corning, Ark.</u>		_____

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 31 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

STATEMENT BY LICENSED EMBALMER

W.D.

D.A.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by -----*Me*-----, Student Embalmer No. ----- working under my personal supervision..

Student -----
Signature of Student Embalmer

Signed *L. D. Russell*
Licensed Embalmer No. 3855

P. O. Address ...Corning, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.